

**CITY OF LAS VEGAS
PROPERTY DAMAGE COST REPORT**

TO: EMPLOYEE ORGANIZATIONAL DEVELOPMENT DIVISION, SAFETY/LIABILITY SECTION

FROM: DAMAGE TO CITY PROPERTY:

DATE _____ D.R. NUMBER _____

PROPERTY DAMAGE _____

LOCATION WHERE DAMAGE OCCURRED _____

MATERIALS

MATERIALS USED	OBTAINED FROM OUTSIDE VENDOR (ATTACHED INVOICES ETC.)	COST

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ORG

ACCT

MATERIALS COST \$ _____

LABOR:

EMPLOYEE NAME	CLASSIFICATION TITLE	HOURS REG. O/T	HOURLY RATE	COST

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ORG.

ACCT

COST OF LABOR \$ _____

EQUIPMENT:

EQUIP. NO.	EQUIPMENT DESCRIPTION	HOURS	RATE	COST

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ORG.

ACCT

EQUIPMENT COST \$ _____

NAME OF PERSON PREPARING FORM

DATE

TOTAL DAMAGES \$ _____